State House Tour Request



Date Requested:					HOPE	
Time Requested: _						
School/Group Nam	e:					
City/Town:State:			Zip:			
If School, Grade: _		Number Attending:				
Adults	Children _	Mixed				
Contact Person:						
Phone:		Email	:			
Is anyone in your S	School/Group un	able to use the stairs?	Yes	No		
Is your School/Group: Coming from another function?			Yes	No		
Attendin		function after?	Yes	No		
On a strict schedule?			Yes	No		
prior to your request	ed todi date at 40	1-222-3983 or tours@sos.ri.				
		Please fax or mail th	is form to:			
Public Informatio	n Division, Room	38, State House, Providence, I	RI 02903 - Phon	e: (401) 222-3983 - Fa	x: (401) 222-1404	
TO BE COMPLETE	D BY STATE HOU	JSE TOUR STAFF:				
Staff person compl	eting form:					
Phone:						
Comments:						